

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

U.S. Chamber of Commerce

(b) Address (number and street) ☐ check if different than previously reported

1615 H St. NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C70004395

3. Is This Statement☒ New

or

☐ Amended**4. Covering Period**10 05 2010
through

10 11 2010

5. (a) Date of Public Distribution(s)

10 11 2010

(b) Communication Title Two Years, Pennsylvania

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Glenn Spencer

(b) Address (number and street)

1615 H St. NW

(c) City, State and ZIP Code

Washington, DC 20062

(d) Name of Employer or Principal Place of Business

(e) Occupation

U.S. Chamber of Commerce

Executive Director, WPA

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

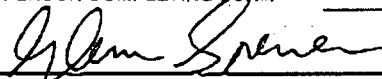
490,820.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Glenn Spencer

SIGNATURE



DATE

10/5/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 12/2007)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name	
Glenn Spencer	
(b) Address (number and street)	
1615 H St. NW	
(c) City, State and ZIP Code	
Washington DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Executive Director/WFI
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee McCarthy, Marcus, Hennings Ltd.		Date of Disbursement or Obligation 10/04/2010
Mailing Address of Payee 1850 M St. NW #225		Amount 7,500.-
City Washington	State DC	Communication Date 10/11/2010
Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) Television Ad Two years Pennsylvania		
Name of Federal Candidate Joe Sestak	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services		Date of Disbursement or Obligation 10/05/2010
Mailing Address of Payee 600 Fairmont Ave Suite 306		Amount 4,933.20.-
City Towson	State MD	Communication Date 10/11/2010
Name of Employer Occupation		
Purpose of Disbursement (Including title(s) of communication(s)) Television Ad Two years Pennsylvania		
Name of Federal Candidate Joe Sestak	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		4,908.20.-
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		4,908.20.-

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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N/A
PREPARER

N/A
DATE PREPARED

(5/2004)